

TLAB Case File Number	

Questions or concerns about this form or process can be directed to the Toronto Local Appeal Body by telephone 416-392-4697 or by email at tlab@toronto.ca.

Information, including completed forms, disclosure documents and statements, you disclose to the Toronto Local Appeal Body (TLAB) in relation to a TLAB appeal is an adjudicative record that is a public record available to parties, participants and the general public. The legal authority to make the information public is section 1.0.1. of the Planning Act. As stated in Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, the provisions protecting individual privacy in Part 2 of that Act do not apply to any information collected in the TLAB's prescribed forms and associated filings for appeals.

Questions about this collection can be directed to the Manager of Tribunal Operations, Court Services, 40 Orchard View Boulevard, 2nd Floor, Suite 253, Toronto Ontario M4R 1B9 or by telephone at 416-392-3261.

Part 1: Location Information						
Address and/or Legal Description of property subject to appeal						
Street Number	Street N	Street Name				Postal Code
Part 2: Hearing Info	ormation					
Hearing Date (yyyy-mm-	dd)	Hearing Time		Hearing Location		
D 10 E 114"		4.				
•	Part 3: Expert Witness Information					
First Name				Last Name		
Check this box if Fi	rst Name and	Last Name do not	t app	ly to you because yo gle Name. Provide y	ou have eithe	er a registered Birth
Single Name	ge of Name C	ber lineate bearing a	a Siriç	gie Name. Provide y	our name be	SIOW.
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Comparation Name on Acc	anintina Nam	/ ^	-4	in a supermeterally if a super	ماطمعا	
Corporation Name or Association Name (Association must be incorporated), if applicable						
Position Title (if applicable)			all			
Street Number	Street Name				Suite/Unit	Number
Street Number	Sileet Name				Suite/Offit	ivuilibei
City/Town		Prov	vince		Postal Cod	10
Oity/10Wii		VIIICC		1 03(4) 000		
Area of Expert Testimony	<u> </u>					
Thea of Expert resumons						

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Part 4: Retaining Party Information	Last Name				
First Name	Last Name				
Check this box if First Name and Last Name do not apply to you because you have either a registered Birth Certificate or Change of Name Certificate bearing a Single Name. Provide your name below.					
Single Name					
Part 5: Expert Witness Qualifications					
Specify the area of expertise and attach a curriculum vitae	9.				
Part 6: Expert Witness Statement					
and e). The Applicant may have made revisions to the or opinion evidence to any application revisions identified in	raphs of intended evidence in accordance with Rule 16.9 c), d) iginal application. Where applicable, relate and identify your the Applicant's Disclosure (Form 3), the issues, Party Witness (s) (Form 13) filed and any reports or documents previously filed				

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Part 6: Expert Witness Statement (Continued)
Provide a full disclosure statement using numbered paragraphs of intended evidence in accordance with Rule 16.9 c), d) and e). The Applicant may have made revisions to the original application. Where applicable, relate and identify your opinion evidence to any application revisions identified in the Applicant's Disclosure (Form 3), the issues, Party Witness Statement(s) (Form 12) or Participant Witness Statement(s) (Form 13) filed and any reports or documents previously filed in accordance with Rule 16.2. (Continued from page 2)

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Part 7: Expert Witness Statement and Supporting Materials served at the time of filing on:					
Person's Name (Full Name – First, Middle, Last Name or Single Name)	Email	Address (Street Number, Street Name, Suite/Unit Number, City/Town, Province, Postal Code – Complete this section only when Email has not been provided)			

Part 8: Submission Date	
Date (yyyy-mm-dd)	

NOTE: An Expert Witness Statement is required from every person intending to provide oral or written Expert evidence on the matters in issue in this TLAB Case File.

NOTE: An Expert Witness must file an "Acknowledgement of Expert's Duty", Form 6.

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